

Case Number:	CM15-0181399		
Date Assigned:	09/22/2015	Date of Injury:	12/05/2009
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old female who sustained an industrial injury on December 05, 2009. A recent pain management follow up dated August 06, 2015 reported subjective complaint of: "numbness, tingling, neck pain, low back pain, hip pain, muscle weakness, double and blurry vision, nausea, constipation and diarrhea." She is diagnosed with major depression. A physical therapy visit dated July 22, 2015 reported the treating diagnosis of: pain in joint forearm. Subjective chief complaint noted: "pinpoint tenderness to left elbow with soreness to triceps and lateral forearm". "Numbness to anterior forearm". The previous treatment included: carpal tunnel release, epidural injections, acupuncture, topical analgesia, chiropractic care, and physical therapy. Primary follow up dated June 29, 2015 reported subjective complaint of: "having wound problems", she is noted to be 6 weeks post-operative. She reports "the sutures are not dissolving and are protruding from her medial and lateral elbow wounds." She notes "numbness along the volar surface of the forearm from the elbow to the wrist," which has not changed from the post-operative status. She is diagnosed with having status post medial and lateral tendonitis repair left elbow on 5/19/15. The plan of care is noted with recommendation referring to therapy and home exercises. The medication list include Xanax, Wellbutrin, Trazodone, Laxapro, Norco and Tylenol. She can wean off the brace, but refrain from strenuous use of the arm. A request was made for additional physical therapy session treating the lumbar spine and noted with denial due to guidelines recommend therapy during the early phase of treatment and beyond this time frame may be risk for therapy dependence without long term benefit. Per the note dated 9/16/15, the patient had complaints of pain in neck at 9/10 and low

back pain at 5-7/10. The physical examination revealed positive SLR, decreased sensation in the L5-S1 dermatome, normal gait and 5/5 strength. The patient had received an unspecified number of acupuncture, chiropractic, massage and PT visits for this injury. The patient had used an H- wave unit for this injury. The patient's surgical history include right CTR in 2011, right shoulder surgery in 2010, and left CTR and left elbow surgery on 5/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy for the lumbar, quantity: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Request: Physical therapy for the lumbar, quantity: 6 sessions. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The patient has received an unspecified number of PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical therapy for the lumbar, quantity: 6 sessions is not fully established for this patient.